



1915(c) Quality Improvement Strategies: Focus on Performance Measurement

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Quality Improvement Strategy

- State's road map for producing and using evidence
- Tied to 6 Assurances
 - Level of Care
 - Service Plan
 - Provider Qualifications
 - Health and Welfare
 - Financial Accountability
 - Administrative Authority
- Must address how state will conduct *Discovery*, *Remediation* and *Improvement* activities (Quality Life Cycle)
- Version 3.5: Discovery and Remediation now addressed in Appendices A-D, G, I
- Version 3.5: Improvement strategies in Appendix H

Version 3.5: Discovery Strategies in Appendices A-D, G, I

- Focus on *Performance Measure(s)* for each assurance component
 - A metric where possible
 - e.g., percent, mean, median, etc.
 - Data source
 - Responsible party for data collection/generation
 - Frequency of data collection/generation
 - Sampling Approach (representativeness of measure)
 - Population-based vs. sample-based information
 - If sample – representative of entire waiver population
 - Any stratification? Strata/Groups?
 - Responsible Party for data aggregation & analysis
 - Frequency of data aggregation/analysis
 - Method of reporting aggregated results
 - Narrative, data compilation, other

Version 3.5: Remediation Strategies in Appendices A-D, G, I

- Methods for remediation for addressing individual problems as they are discovered
- Remediation Data Aggregation and Analysis – Remediation at the Systems Level
 - Responsible Party
 - Frequency of aggregation and analysis

Timelines for QI Strategies Not In Place on Day 1

- Detailed Strategy
 - Milestones
 - What you will develop
 - Stages of development
 - Timelines
 - Associated with milestones
 - Parties responsible for developing the strategies

Evaluating Performance Measures

- Face validity of each measure
 - Does it really measure the sub-assurance?
 - As a stand-alone?
 - Only in conjunction with another indicator?
- Is its measurement representative of the “system”?
 - Of all waiver participants? Providers?
 - Population-based indicator?
 - Relies on a sample?
 - Is it a credible sample?
 - Random selection?
 - Sample size large enough?
 - Response rate (if applicable) respectable?

Setting Parameters for Calculating Sample Size

- **Confidence Level**

- How sure (confident) of the estimate (result)do you want to be?
 - 95% sure? 99% sure?
 - All things being equal*, the more confidence – the larger the sample size will be

- **Margin of Error** (also called the Confidence Interval)

- How much error around the estimate are you willing to tolerate?
 - +/- 5%? +/- 3%?
 - All things being equal*, the less error you are willing to tolerate, the larger the sample size will be

- **Distribution of the variable in the population**

- Assume a 50-50 distribution if you have no prior information on the distribution
 - All things being equal, a 50-50 distribution will yield the largest sample size
 - For example a 40-60 distribution will require a smaller sample size, and a 20-80 distribution yet an even smaller sample size

* “All things being equal” refers to the size of the population

Target Parameters for a Credible Sample

1. Confidence level: .95 or greater
2. Margin of error: +/- 5% or less
3. Assume distribution of .5 unless can demonstrate otherwise

Calculating Sample Size

- Population Size
- Set Confidence Level
- Set Margin of Error (also called “confidence interval”)
- Choose distribution %
- Calculate using on-line sample size calculators
 - www.surveysystem.com/sscalc.htm
 - www.raosoft.com/samplesize.html

Assurances and Sub-assurances

- Level of Care (3)
 - An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.
 - The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.
 - The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.
- Service Plan (5)
 - Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
 - The state monitors service plan development in accordance with its policies and procedures.
 - Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
 - Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.
 - Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers

Assurances and Sub-assurances

- Qualified Providers (3)
 - The state verifies that providers, initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.
 - The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.
 - The state implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.
- Health and Welfare (1)
 - The state, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.
- Administrative Authority (1)
 - The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.
- Financial Accountability (1)
 - State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.